

FILED DEC 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37550  
Registrar's No. 16

**WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD**

BIRTH NO. 163		REG. DIST. NO. 163		PRIMARY REG. DIST. NO. 5610		Registrar's No. 178	
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural- Jefferson Twn.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Jefferson Twn.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)				d. STREET ADDRESS (If rural, give location) <u>13 miles South of Knob Noster</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Jacobs</u>		b. (Middle) <u>Charles</u>		c. (Last) <u>Gatschet</u>	
4. DATE OF DEATH		(Month) <u>Nov.</u> (Day) <u>21,</u> (Year) <u>1950</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 25, 1886</u>		9. AGE (In years last birthday) <u>64</u>		10. IF UNDER 1 YEAR: Months <u>8</u> Days <u>26</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Jamestown, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Gatschet</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Germinde</u>		14. NAME OF HUSBAND OR WIFE <u>Rose A. Gatschet</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Rose A. Gatschet, Knob Noster</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Viscera</u> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>199A</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>8-26</u> , 19 <u>49</u> , to <u>11-21</u> , 19 <u>50</u> ; that I last saw the deceased alive on <u>11-18</u> , 19 <u>50</u> , and that death occurred at <u>7:00</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Geo. W. Henderson</u>		23b. ADDRESS <u>1002 W. Henderson Mo.</u>		23c. DATE SIGNED <u>11-24-50</u>			
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 22, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Knob Noster Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Knob Noster, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11-29-50</u>		REGISTRAR'S SIGNATURE <u>Therese D. Becker</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Raymond Baker, Knob Noster, Mo.</u>			

(Licensed Embelmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*W. Raymond Baker*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4616*

P. O. Address *Knob Hostler, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.